



**CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK  
INFRASTRUCTURE STATE REVOLVING FUND PROGRAM**

**PRELIMINARY APPLICATION**

This form is designed to expand to accommodate your project information. An electronic version of this form can be obtained from the CIEDB website at: <http://commerce.ca.gov/ciedb/revolvingfund/>. When completing the form, use your TAB key to advance from one section to the next.

**1. DATE SUBMITTED**

**2. DATE RECEIVED BY CIEDB**

**APPLICATION NUMBER**

**APPLICANT INFORMATION**

**3. LEGAL NAME OF APPLICANT**

**4. TYPE OF APPLICANT**

- |   |   |
|---|---|
| <input type="checkbox"/> City                                     | <input type="checkbox"/> County               |
| <input type="checkbox"/> Joint Powers Authority                   | <input type="checkbox"/> Redevelopment Agency |
| <input type="checkbox"/> Special District                         | <input type="checkbox"/> Assessment District  |
| <input type="checkbox"/> Mello-Roos Community Facilities District |   |
| <input type="checkbox"/> Other Public Agency (specify): _____     |   |

**5. MAILING ADDRESS OF APPLICANT**  
*(city/county/state/zip code)*

**6. CONTACT INFORMATION**

Name:  
Title:  
Address (if different):  
Telephone:  
Fax:  
E-mail:

**GENERAL PROJECT INFORMATION**

**7. NAME OF PROJECT**

**8. LOCATION/ADDRESS OF PROJECT SITE** *(Attach a site map.)*

**9. CATEGORY OF INFRASTRUCTURE PROJECT**

*(See Criteria, Priorities, and Guidelines Section 5. II. for the Project types included in each category.)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> City Street                               | <input type="checkbox"/> County Highway       | <input type="checkbox"/> Defense Conversion                |
| <input type="checkbox"/> Drainage, Water Supply, and Flood Control | <input type="checkbox"/> Educational Facility | <input type="checkbox"/> Environmental Mitigation Measures |
| <input type="checkbox"/> Parks and Recreational Facility           | <input type="checkbox"/> Port Facility        | <input type="checkbox"/> Power or Communications Facility  |
| <input type="checkbox"/> Public Safety Facility                    | <input type="checkbox"/> Public Transit       | <input type="checkbox"/> Sewage Collection and Treatment   |
| <input type="checkbox"/> Solid Waste Collection and Disposal       | <input type="checkbox"/> State Highway        | <input type="checkbox"/> Water Treatment and Distribution  |

**10. Describe the Project to be financed with CIEDB financing.**

**SPECIFIC PROJECT INFORMATION**

<p><b>11. REQUESTED FINANCING AMOUNT</b> \$ _____</p> <p><b>12. ESTIMATED TERM</b> _____ Years</p> <p><b>13. ESTIMATED APPLICATION DATE</b> _____</p>	<p><b>14. ESTIMATED PROJECT CONSTRUCTION TIMELINE</b></p> <p>Start Date: _____</p> <p>Completion Date: _____</p>	<p><b>15. TYPE OF FINANCING</b></p> <p><input type="checkbox"/> Tier 1</p> <p><input type="checkbox"/> Tier 2--<i>Only available for Projects located in, or adjacent to and directly affecting, a community experiencing economic distress, <b>AND</b> that do not meet current Tier 1 underwriting criteria.</i></p>
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<p><b>16. ESTIMATED PROJECT COSTS</b> <i>(If more than one infrastructure project category is identified in Section 9, attach an itemization of the costs for each category selected.)</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Cost Category</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>a. Design</td><td>\$ _____</td></tr> <tr><td>b. Land</td><td>\$ _____</td></tr> <tr><td>c. Construction</td><td>\$ _____</td></tr> <tr><td>d. Equipment</td><td>\$ _____</td></tr> <tr><td>e. Other (specify): _____</td><td>\$ _____</td></tr> <tr><td>f. Other (specify): _____</td><td>\$ _____</td></tr> <tr><td>g. Other (specify): _____</td><td>\$ _____</td></tr> <tr><td><b>h. TOTAL</b></td><td>\$ _____</td></tr> </tbody> </table>	<u>Cost Category</u>	<u>Amount</u>	a. Design	\$ _____	b. Land	\$ _____	c. Construction	\$ _____	d. Equipment	\$ _____	e. Other (specify): _____	\$ _____	f. Other (specify): _____	\$ _____	g. Other (specify): _____	\$ _____	<b>h. TOTAL</b>	\$ _____	<p><b>17. ESTIMATED PROJECT FUNDING SOURCES/AMOUNTS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>a. CIEDB</td><td>\$ _____</td></tr> <tr><td>b. Applicant</td><td>\$ _____</td></tr> <tr><td>c. City/County</td><td>\$ _____</td></tr> <tr><td>d. Other State Sources</td><td>\$ _____</td></tr> <tr><td>e. Federal</td><td>\$ _____</td></tr> <tr><td>f. Other (specify): _____</td><td>\$ _____</td></tr> <tr><td>g. Other (specify): _____</td><td>\$ _____</td></tr> <tr><td><b>h. TOTAL</b></td><td>\$ _____</td></tr> </tbody> </table>		<u>Amount</u>	a. CIEDB	\$ _____	b. Applicant	\$ _____	c. City/County	\$ _____	d. Other State Sources	\$ _____	e. Federal	\$ _____	f. Other (specify): _____	\$ _____	g. Other (specify): _____	\$ _____	<b>h. TOTAL</b>	\$ _____
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**18. STATUS OF OTHER PROJECT FUNDING SOURCES**  
*(Specify name of each proposed funding source and current status.)*

<u>Name of Funding Source</u>	<u>Status of Funding</u>			
	<u>Applied For</u>		<u>Approved</u>	
a. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p><b>19. STATUS OF PROJECT PLANNING</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Completed</u></th> </tr> </thead> <tbody> <tr> <td>Technical Feasibility Study</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Preliminary Design</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Cost Analysis</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Final Design</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Construction Bids Submitted</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </tbody> </table>		<u>Completed</u>	Technical Feasibility Study	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preliminary Design	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cost Analysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Final Design	<input type="checkbox"/> YES <input type="checkbox"/> NO	Construction Bids Submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>20. ENVIRONMENTAL IMPACT</b></p> <p>Expected/Determined Level of Required Environmental Clearance:</p> <p><input type="checkbox"/> Notice of Exemption</p> <p><input type="checkbox"/> Negative Declaration</p> <p><input type="checkbox"/> Environmental Impact Report (EIR)</p> <p><input type="checkbox"/> Unknown</p> <p>Status of CEQA Compliance:</p> <p><input type="checkbox"/> Not Started, Expected Completion Date: _____</p> <p><input type="checkbox"/> In Progress, Expected Completion Date: _____</p> <p><input type="checkbox"/> Adopted/Approved by Local Governing Board</p>
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**SOURCE OF REPAYMENT AND NEED FOR FINANCING**

**21. SOURCE OF REPAYMENT FOR CIEDB FINANCING**

- Water Enterprise Fund
- Sewer Enterprise Fund
- General Fund Lease—Specify the asset being leased: \_\_\_\_\_
- Redevelopment Agency Tax Increment
- Assessment District/Mello-Roos Tax

 **Applicants proposing a repayment source other than those identified above must contact Roma Cristia-Plant, Manager, Municipal Finance Unit, at (916) 324-8942 prior to submitting a Preliminary Application.**

**22. Provide one (1) complete copy of the most current audited financial statement reflecting the repayment source identified in Section 21.**

*(Attach to the Preliminary Application.)*

**23. Describe how the Applicant meets the “Need for CIEDB Financing” as discussed in Section 6.I. of the Criteria, Priorities, and Guidelines.**

- Financing amount is \$2 million or less
- Repayment stream is unrated
- Other, explain:

**24. Does the Applicant have any outstanding debt secured by the repayment source identified in Section 21?**

- YES
- NO

*(If yes, provide two (2) complete copies of all outstanding debt instruments including financing agreements, lease agreements, and official statements.)*

**PUBLIC BENEFIT INFORMATION**

**25. Briefly describe the public benefits of the proposed Project, including the importance of the Project to the community and how it promotes economic development.**

**PRIVATE ACTIVITY AND TAX ISSUES**

**26. Will any entity, other than the Applicant or another governmental entity, use or directly benefit from any portion of the Project other than as a member of the general public?**

*(If yes, explain.)*

*(For this purpose, “use” includes owning, leasing, managing, operating, acquiring the output of, obtaining a priority right or other special arrangement with respect to, or otherwise deriving a direct economic benefit from the Project. Priority rights or special rates and charges anticipated for a particular user or group of users should also be explained.)*

**OTHER INFORMATION**

**27. Will the proposed Project facilitate the relocation of a private sector business from one area of the State to another?**

*(If yes, explain.)*

**28. If the Applicant has retained a financial advisor or consultant for the Project, provide the following contact information.**

Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:

**APPLICANT ACKNOWLEDGEMENT AND SIGNATURE**

I acknowledge that I have received and reviewed the CIEDB's "Criteria, Priorities and Guidelines" for the Infrastructure State Revolving Fund Program. I anticipate that the Project identified in this Preliminary Application will comply with all program requirements.

I hereby certify that I am an authorized representative of the Applicant, and that I have been authorized by the Applicant to execute this Preliminary Application for CIEDB financing.

**AUTHORIZED SIGNATURE**

**PRINT NAME AND TITLE**

**DATE**

**CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK  
INFRASTRUCTURE STATE REVOLVING FUND PROGRAM**

*INSTRUCTIONS FOR THE PRELIMINARY APPLICATION*

 **Download the electronic version of the Preliminary Application, which is available at <http://commerce.ca.gov/ciedb/revolvingfund/>. Insert data into the shaded areas. Sections will expand to accommodate entered data. Use the "Tab" key to go from one shaded area to the next.**

1. Self-explanatory.
2. For CIEDB use only.

**APPLICANT INFORMATION**

3. Provide full, legal name of Applicant.
4. Select appropriate box.
5. Provide mailing address.
6. Provide contact information.

**GENERAL PROJECT INFORMATION**

7. Provide a descriptive title of the proposed infrastructure Project to be financed.
8. Provide the Project location information. Attach a site map of the Project on a separate piece of paper.
9. Select the appropriate box(es).
10. Provide a brief description of the infrastructure Project to be financed.

**SPECIFIC PROJECT INFORMATION**

11. Self-explanatory.
12. Indicate estimated financing term in years.
13. If your Preliminary Application is approved, indicate the month and year you anticipate submitting a complete loan application.
14. Indicate the month and year of the estimated Project construction timeline.
15. Select appropriate box. If applying for Tier 2, review "Criteria, Priorities, and Guidelines" for The Infrastructure State Revolving Fund Program for eligibility information.
16. Identify major Project cost categories and the estimated dollar amount of each category.
17. Identify proposed Project funding sources and dollar amounts for each funding source.

18. Indicate the status of each specific funding source, not including CIEDB. Attach additional information, if there are more than five funding sources.
19. Select the appropriate boxes to indicate the status of project planning.
20. Self-explanatory.

**SOURCE OF REPAYMENT AND NEED FOR FINANCING**

21. Select the source of repayment for the proposed financing. If the financing is to be repaid with any other repayment source(s) not identified in this Section, obtain approval by contacting the Municipal Finance Unit Manager prior to submitting your Preliminary Application.
22. Attach requested information.
23. Describe how the Applicant meets the "Need for CIEDB Financing" criterion. Refer to the "Criteria, Priorities, and Guidelines" for the Infrastructure State Revolving Fund Program for further information on this criterion.
24. Self-explanatory.

**PUBLIC BENEFIT INFORMATION**

25. Describe the public benefits of the proposed Project, including how it promotes economic development, improvements in quality of life and community amenities for area residents, and other public benefits.

**PRIVATE ACTIVITY AND TAX ISSUES**

26. Self-explanatory.

**OTHER INFORMATION**

27. Self-explanatory.
28. Self-explanatory.

**APPLICANT ACKNOWLEDGEMENT AND SIGNATURE**

To be signed by the authorized representative of the Applicant.

**MAIL COMPLETED PRELIMINARY APPLICATION TO:**

California Infrastructure and Economic Development Bank  
Attn: Roma Cristia-Plant  
801 K Street, Suite 1700  
Sacramento, California 95814